## **PETITION FOR APPEAL TO APPEAL TRIBUNAL**

## ARKANSAS APPEAL TRIBUNAL Post Office Box 8013 Little Rock, Arkansas 72203

ALL ENTRIES ON THIS FOR					R TYPED
1. CLAIMANT'S NAME:		2. SOCIAL SE	CURITY NUM	BER:	BYR:
3. ADDRESS (STREET OR BOX NUMBER):	(CIT	<u>۲</u> ۲)٠		(STATE):	(ZIP CODE):
3. ADDITEOU (UTILET ON DON NOMBER).	(CIII	.,.		(SIAIL).	(ZII CODE).
4. TELEPHONE NUMBER:	I	5. ISSUE(S	APPEALED:		
☐ PRIVATE ☐ PARTY					
Section(s)					
6. I/We appeal from the determination (Please attach a copy of the determination)			Security Dep	eartment for the	e following reason(s):
7. APPELLANT SIGNATURE:			8. APPELL	ANT (CHECK ONE	):
,					
			L Cla	imant	<b></b> Employer
<b>NOTE TO CLAIMANT FROM ESD:</b> To protect your potential rights to benefits, you must continue filing a claim card each week, making your work search as instructed and reporting to your local office as directed during the time your appeal is pending unless you are working full-time.					
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